



STATE OF NEBRASKA

DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION AND LICENSURE - Credentialing Division
P.O. Box 94986, Lincoln, Nebraska 68509-4986
402-471-4977

APPLICATION TO OPERATE A NAIL TECHNOLOGY SALON

Lic #:
Issued:
Expires:

Print or Type

CHECK THE APPROPRIATE LICENSURE CATEGORY BELOW: (check ALL that apply)

- ☐ New Salon ☐ Home Salon ☐ Commercial Salon
- ☐ Change of Location; Will the former location be closed when new location becomes operational? ☐ YES ☐ NO
- ☐ Change of Ownership; Identify the former owner(s): _____
If possible, please also give the previous salon name: _____

FEE: \$60.00 (Make payable to Credentialing Division)

*A SKETCH OF THE SALON PREMISES MUST ALSO ACCOMPANY THIS APPLICATION

SECTION A - GENERAL INFORMATION (All applicants must complete this section) This section is public information and will be displayed on the INTERNET (<http://www.hhs.state.ne.us/lis/lisindex.htm>)

| | | | | |
|---|---|---|----------------------|--|
| 1. | NAME OF ESTABLISHMENT: | | | |
| 2. | STREET ADDRESS | Street/PO/Route | | |
| | | City | State | Zip |
| NOTE: If the establishment is not identified by a street address, please provide directions to the establishment on the reverse side of this form. | | | | |
| 3. | TELEPHONE #: | | | |
| 4. | NAME OF OWNER(S) OR PARTNERS: | | | |
| 5. | IF SALON IS OWNED BY A CORPORATION, LIST NAME OF CORPORATION: | | | |
| 6. | NUMBER OF LICENSEES TO BE WORKING AT ANY ONE TIME: | | | |
| 7. | ANTICIPATED OPENING DATE: | Application must be submitted 30 days prior to opening date | | |
| 8. | HOURS SALON IS OPEN DAILY: | Sunday | _____ am to _____ pm | <div>Check here if open by appointment only</div> <input type="checkbox"/> |
| | Monday | _____ am to _____ pm | | |
| | Tuesday | _____ am to _____ pm | | |
| | Wednesday | _____ am to _____ pm | | |
| | Thursday | _____ am to _____ pm | | |
| | Friday | _____ am to _____ pm | | |
| | Saturday | _____ am to _____ pm | | |

SECTION B - INSURANCE (All applicants must complete this section)

Has minimal property damage, bodily injury, and liability insurance coverage been applied for this establishment? _____

SECTION C - ATTESTATION An individual who operates a salon prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

I hereby state that I am the person making application and the statements on this application are true and complete. I further state:

- ☐ I (we) have not operated this salon in Nebraska without a license prior to this application for a license; **or**
- ☐ I (we) have operated this salon in Nebraska without a NEBRASKA LICENSE prior to this application for a license for _____ # of days after July 1, 2004.

(Signature of Owner or Corporate Officer)
(All partners must sign this application)

(date)
(date)

Inspection Results: ☐ Satisfactory ☐ Unsatisfactory

Date of Inspection: _____ Inspector: _____